

*last published*  
29  
VOL. XXXIX, No. 1 JANUARY, 1908

*United with Los Angeles journal of medicine to form California California*  
**The California Medical Journal** *me go*

**D. MACLEAN, M. D., EDITOR.**

Published Monthly

San Francisco, Cal.

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

# CALIFORNIA MEDICAL JOURNAL.

VOL. XXIX.

JANUARY, 1908.

No. 1.

## Staphisagria.

THEODORE JUDSON HIGGINS, PH. G., M. D., M. S.

The seed of *Delphinium Staphisagria* of Linnæus (the *staphisagria macrocarpa* of Spach).

Common name, stavesacre. Synonyms, *staphisagria semina*, *staphisagriæ semina pedicularis*.

Botany — *Delphinium staphisagria* is a beautiful, strong, upright herb. It is about the same height as the *delphinium consolida*, and averages from a foot and a half to two feet in height. The stems and petioles are hispid, that is, beset with long, soft hairs. The leaves are broad palmated petioled and five to nine cleft. The flowers are gray with a bluish tint, in terminal lax racemes, with hairy pedicels at least an inch long and bracts inserted at their base. Petals five, a rather dead or dirty white, the two lower spatulate. Spur hardly  $\frac{1}{8}$  inch

long. Capsules 3, large villous, containing many globose, three-cornered, black, thick seeds (lime).

For history the reader is referred to the American Dispensatory and the National Dispensatory.

Action.—This drug possesses the same or similar properties to the *delphinium consolida* but in a better form and higher degree; in excessive dosage, however, they are both irritant poisons. In the physiopathological medicinal dose *staphisagria* may be carried to emesis, catharsis and narcosis. As a rule one would scarcely carry the dosage thus far as the effects produced are profound. The seeds made into an infusion may be used with advantage as a vermifuge both by the mouth and by enemata.

A tincture of the bruised seeds will

be found effective mixed with bay rum for lice in the hair. We prefer the following:

R Spec. med. staphisagria, dr. ii.  
Bay rum, oz. vi.

Sig. Apply as lotion to the hair morning and evening as directed. Rub into the scalp thoroughly; the lice and nits will be short lived.

Staphisagria is an indicated remedy in amaurosis and in scrofulous affections of the eyes when, in reading, black spots appear before the eyes (Prof. Locke).<sup>1</sup>

The dose of spec. staphisagria is from 1 to 5 drops; the smaller dose being usually preferred. It should be well diluted in water and administered not oftener than four or six times daily. The spec. indications may be summed up as follows:

Chronic inflammatory conditions of the genito urinal tract with irritation thereof; painful, scalding micturition; urinal incontinence of old men; in prostatorrhœa; urethral irritation with a sensation of incomplete urethral evacuation a sensation as if a drop of urine were rolling along in the canal; menstrual derangements, with long intervals and then prolonged flow; Anæmic subjects afflicted with spermatorrhœa are also benefited by this remedy; depression of spirits in people subject to hypochondriasis; hysterical conditions with uterine or ovarian irritation, despondence, moroseness, and violent outbursts of passion all call for staphisagria; black specks before the eyes when reading, a peculiar mental irritability and restlessness in either painful or exhaustive

diseases. Uterine disorders with a peculiar soreness, deep seated, with dragging sensations in the loins and bearing down pains; leucorrhœa and painful urination.

Remember, this remedy is contra indicated by any active and acute inflammatory condition. It is the remedy for subacute and chronic conditions, some of which are of a most intractable character. Staphisagria is, in therapeutical doses, a permanent stimulant, somewhat resembling nux vomica in its effect upon the nervous system increasing innervation, stimulates free circulation, improves both appetite and digestion. As a rule it does not cure spermatorrhœa but it does overcome irritable conditions of the organs and relieves the nervousness in cases that are anæmic in character. In the above condition it is contraindicated by plethora, but nux vomica given as follows will prove almost specific in this latter class of cases.

R Spec. med. Nux vomica, Ms xv.  
" " Saw palmetto, dr. iv.

Mucilage of acacia q. s. ad. oz. vj

M. Sig. One dr. after meals and at bed time.

We have written these few paragraphs in the hopes that we may call the attention of our readers to a valuable remedy which we believe occupies a peculiar and unique place in medicine and one which is deserving of closer study and which will amply repay the surgeon and physician for the time and trouble expended in the study thereof.

## What You Cannot Do With Purgatives.

BY DR. EDWIN WALKER, M. D., EVANSVILLE, IND.

In spite of the rigid criticism and enquiry of our age, there is still in medical literature much which is untrue. An incorrect observation or an immature conclusion by some recognized authority is quoted for years, perhaps for generations, without a question. The medical profession is swayed by fads and fancies, as well as the laity, and possibly in no less degree.

Brown-Sequard, like many other brilliant but erratic teachers, led the profession astray for almost half a century by his views on reflex irritation as a cause of disease. The proprietary medicine man has reaped his harvest through the credulity of the doctor. Bare assertions of the vendors were enough in most cases, but there has been no difficulty in obtaining the most glowing tributes from reputable physicians to boom their wares when interest waned.

It behooves us, therefore, to carefully analyze and sift everything and accept only what rests on scientific demonstration.

The use of purgatives has been so general, from the beginning of medical knowledge, one would expect to find distinct and clear exposition of their mode of action, and definite and reliable indications for use, and with this their contraindication and dangers.

A brief review of the subject in recent works on therapeutics will con-

vince anyone that our knowledge is far from satisfactory, and that but little of value has been added to our knowledge in the past decade. If you seek to learn in what manner they act, you will find that about the only point on which all are agreed is that they are irritants, and when excessively used produce inflammation. The resemblance in action of purgatives and infections has been pointed out (Walsh). Roos found he could produce purgation by feeding live cultures of the colon bacillus, while dead ones had no such effect.

On the other hand, A. Schmitt, Strasberger, and others have found that constipated stools contain fewer germs, and undergo putrefaction slowly, even in an incubator.

Clinical observation confirms this. Purgatives produce liquefaction of feces, by a fluid which cannot be differentiated from an inflammatory exudate increased formation of gas and griping. In what does this picture differ from enteritis due to infection? There is most probably increase in germ life in both.

The purgatives most frequently prescribed are calomel, salines and castor oil.

In spite of its general use and repeated experiments on animals, the method and nature of the action of calomel on the human system are in dispute. It is claimed that its action

be found effective mixed with bay rum for lice in the hair. We prefer the following:

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In spite of its general use and repeated experiments on animals, the method and nature of the action of calomel on the human system are in dispute. It is claimed that its action

is due to its conversion into the bichloride, and this is denied by the best of authorities. Good authorities teach that it increases the flow of bile, while those equally as distinguished tell us that it diminishes it. Whether it acts on the liver cells or not is unknown. That it does powerfully affect the human system and in large doses is a violent poison is admitted by all. It does increase bacterial growth in the intestine as its excessive use will cause enteritis.

Is this, then, a drug to be given as a routine? Should it not be withheld except when indications are clear? Should not its contraindications be impressed emphatically on every physician?

In regard to the action of salines we are equally uncertain. Their action by osmosis or by diminishing the absorption is hardly tenable. The result of experiments on animals, as well as clinical evidence, seems to discredit this view. On the other hand, the increase of albuminous exudate and gas, with the well-known irritating qualities of strong solutions, render it much more probable that they also act as irritants and increase germ activity in the intestines, and, if used excessively, produce inflammation.

They are doubtless useful in some conditions, although I am not quite sure that much can be accomplished by them that cannot be as well or better done by free use of water. There is no doubt at least that they do better when well diluted, and possibly still better if left out entirely.

Then comes castor oil. It probably is one of the least harmful of purgatives, but it does not act by its soothing, oily properties, or mechanically. Its action is due to ricinoleic acid, and the action of this ingredient is compared to the active principle of croton oil. Castor oil is an irritant of the same class as croton oil, only milder; its frequent use, if given in over-doses, will cause enteritis.

I can hear you say, "Are we expected to believe castor oil, that has stood the test of a century, is to be classed as a dangerous remedy?" I would not go too far, nor do I deny that cascara, rhubarb and perhaps other laxatives do have a place in our armamentarium. It would be a bold man, in view of their general use, to deny this; but I do claim that they are much over-used. This is not new at all, since warnings against the abuse of purgatives have been often repeated for many years.

I do claim, however, that notwithstanding repeated warnings, both physicians and surgeons use purgatives in a routine, perfunctory way, very much in excess of what they should. They not only exhibit them when they do no good, but often injure their patients. Do not most patients who consult a medical man get a purgative as the first prescription? And it is a notorious fact that practically all surgeons give a cathartic as the first step toward a preparation for an operation of any kind, be it for ovarian tumor or an ingrowing toe-nail. About all the advance we have made in this line is the eliminating of the drastic drugs.

I know of no way to express what the extent of this abuse of these drugs is. If I would express them in figures, a guess only, I would say that somewhere between five hundred and one thousand doses were given where one was really needed. A little startling, I admit, but, soberly, I do not think it far wrong.

I do not pretend, from my limited knowledge, to be able to give definite indications and contraindications for the exhibition of purgatives; that will require careful clinical and experimental study to do it with any accuracy. I can, however, point out a few things which cannot be done by purgatives.

The medical man is in error more frequently in the use of laxatives for chronic constipation and obstruction of the bowels either acute or chronic. Before discussing these, I want to protest against the routine use of cathartics in acute cases, which we so often assume are due to an auto-intoxication, and that it is a poisoning from the intestinal canal, a position far from tenable. Boas says: "The importance of intestinal auto-intoxication as an etiological factor of disease is still in doubt."

These toxins are generally far out of reach of a laxative. I am well aware that I am on dangerous ground, because we know so little about auto-intoxication. This being the case is it not better to be careful in the use of drugs whose actions we know little of, in diseases of which we know less (Holmes)? In every case ask yourself what are you to expect. Is the

dose indicated? If in doubt, do not give it.

No one has seriously claimed that purgatives or laxatives cure constipation. On the contrary, practically all those best able to speak say that they do harm, and their habitual use is the most potent cause of constipation. Spastic constipation is often caused, and always aggravated, by them.

We should try to discover the cause, and we will find most of them will be due to carelessness; next, errors of diet; then a small portion to a mechanical difficulty which should be overcome surgically, and about the same proportion to what we call atony, because we do not know anything about it, and in those few our ignorance compels us to give a laxative.

If, again, I may be allowed to put my guess into figures, I would say (and this is based on the record of about three hundred cases in which this point has been noted) that 98 per cent would come under the first and second headings; 1 per cent under the third, and 1 per cent under the last. In the work of a general practitioner, the proportion of the last two will, I believe, be still smaller.

In acute ileus and intussusception purgatives are potent for evil, and, worst of all, the time for successful operation is often allowed to pass while waiting for the effects of drugs. In spite of all that has been said, such neglect is still far from uncommon, as every surgeon will testify. Purgatives are relied on in chronic obstruction very often until the lesion has occluded the bowel, and the patient's condition

is such that operation is hazardous before the surgeon is consulted. These chronic obstructions are often due to cancer, it is true, and little hope can be held out. Still, early surgical interference would save some of them, and, what is more important, a proportion of the malignant disease is engrafted on benign lesions, and an early removal would result in complete recovery. I recently saw a patient with cancer of the sigmoid, with metastases to an extent that radical removal was impossible, who had had distinct symptoms of partial obstruction for fifteen years, during which time he was treated with purgatives by a number of physicians, none of whom intimated that anything could be done for his relief. It is highly improbable that this disease was malignant for so many years.

The time has come when on the general practitioner, and not on the surgeon, will rest the blame for the unfavorable results in these bad cases.

The surgeon, in spite of his boasted medical nihilism, is not behind his medical brother in the thoughtless misuse of purgative drugs. I have yet to find a hospital in which it is not the practice to give to every patient who is to undergo any kind of an operation a purgative, if time will permit, and in large majority they are used afterward; the practice varying from giving a dose just before the operation and continuing immediately after with salines, until the bowels move, preferably in the first twelve or twenty-four hours (Byford) to several days after.

If we can judge by works and articles on surgery, it must be a very small percentage who escape a cathartic both before and after operation. If the operation is not on the intestinal canal, why should we give it? And if it is on the *prima via*, what good does it do?

It goes without saying that a large proportion of cases who come to operation have no trouble with their stomach or bowels. Most of the directions on this subject are vague, and do not rest on fact. We are told to "unload the bowels." If there is loading of the bowels, it is in the colon. The small intestine has always fluid contents, and its peristalsis is almost as constant and regular as the rhythm of the heart. Stasis in the stomach and small intestine is due, with only the rarest exceptions, to mechanical obstruction, for which drugs are useless. It took us ten years or more to get away from the practice of trying to purge out an appendiceal abscess. Fecal impaction in the colon is not common, and when it does occur, purgatives are poor remedies, and a single purge does not remove it; on the contrary, it adds fluid and more germs, which make the development of toxins more certain.

I think a moment's reflection will convince most of you that for operations other than those on the digestive tract an enema is better and more rational, whatever the condition may be. Even this is often superfluous, but patients are more comfortable to have the lower bowel empty, and we do not have to disturb them so soon

afterward. How is it about operations on the intestines? If the patient is long enough under observation to have a purgative, say twenty-four hours, his condition will be better and he will surely feel better if he is fed on a light, digestible diet, and allow his bowel to empty itself; if it does not, an enema will clear the rectum and sigmoid. If impaction of feces in the colon exists, several days at least will be necessary to remove it, and it should be taken if the condition will permit.

As pointed out above, these drugs act as irritants; they increase the fluid, in the alimentary canal, they increase the growth of bacteria and render them more virulent, and as a consequence increase the formation of gas. They weaken a patient, and bring him to operation at least more uncomfortable than he would have been without them. Of these reasons, the stimulant given to germ life is most important, and with it we irritate the mucous lining of the bowels, making it less resistant.

Are we not doing with the intestines exactly what we formerly did with the skin. We would scrub it, disinfect it, until normal resistance was diminished or destroyed. Our results have been better since more rational methods were adopted. Why not do the same with the alimentary canal? Let nature alone unless the evidence is clear she cannot do her part.

After the operation the rule should be the same; only give laxatives when clearly indicated. There is no good evidence that they have any power to limit infection if it has taken place;

in fact, it is debatable if its possibilities for harm are not far greater.

If no complication exists, they are rarely required. The bowels will move spontaneously as soon as food in sufficient amounts is taken. In an article on the abuse of purgatives (*American Journal of Obstetrics*, Vol. liv, No. 6) I mentioned the fact that impaction of the rectum was troublesome, but not a serious complication, in some cases. This can usually be remedied by getting the patient out earlier, but if this does not suffice an enema will be of service.

I have operated on nearly one thousand patients for a variety of diseases, a large portion abdominal, without the "usual purge" before, and of these not over 5 per cent had one after the operation. I am sure my results have been as good, and I think better, than when the giving of a purgative was a routine. The patients have been more comfortable, and the most marked advantage is that they have much less tympany. I cannot say the vomiting is less but the convalescence is more comfortable, and fully as rapid as before.

In conclusion, I want to state that I do not deny that purgatives hold an important place in our armamentarium, and we could not do without them. I protest, however, against their routine use, for they are powerful for evil as well as good. I do not pretend to give final conclusions on so great a question, but think it high time we were making a definite study of the indications and contraindications of purgative medicines. They are

not curative; at best, they can only give temporary relief, and when we have to repeat them it is good evidence that there is some underlying disease we have not reached. This may be almost anything, but very frequently is an organic lesion, such as tuberculosis, cholelithiasis, nephritis,

or the like. In fact, in the early stages of almost all serious diseases, patients are injured and much valuable time is lost by a course of purgatives which most of them are put through. Their routine use in medical practice is indefensible; in surgical practice, absurd.—*The Kansas City Med. Record.*

## The Surgical Treatment of Goitre.

BY ANDREW C. SMITH, M. D.

PORTLAND, ORR.

Read before the Oregon State Medical Society, July 12, 1907.

The surgical treatment of goitre is the subject of much interest in the medical world today, for it is now known that the thyroid, when the seat of this disease, may be surgically remedied with very small percentage of mortality, and with great satisfaction in results to patient and operator. It isn't long ago since the victim of goitre, and especially of the exophthalmic type, was rejected as one to whom relief might be given after the usual routine of medication had proved inefficient. It must not be concluded, however, that inasmuch as surgery has obtained brilliant results in the relief of goitre, that it should be resorted to in all cases. Far from it; for when we consult the statistics, we find that in fully 90 per cent of all cases, and from 60 to 70 per cent of the exophthalmic type, a cure may take place by medicinal or serum therapy, if, indeed, it do not take place spontaneously, which it so often does,

with credit for the result, to the last drug, or procedure, made use of. In discussing the surgical treatment, therefore, we must determine what cases are medical and what are, or will probably become, wholly surgical. In the simpler forms of goitre, especially those of purely parenchymatous type, and more particularly those of this type occurring in indolent females, no one of surgical conscience would think of operating, although a small percentage of them do finally become surgical. The rule of first applying medical treatment should be resorted to in nearly all cases until it has been determined that they are not amenable to such treatment, and that they are producing subjective or objective symptoms which demand relief.

In the early treatment of goitres not accompanied by Graves' disease, recourse should be had to the usual remedies, and particularly, I believe,

to the use of iodide of potash. This should be used internally, may be for months, unless, of course, the occurrence of tachycardia, or exophthalmos or tremor should arouse the suspicion that Graves' disease were developing, when, of course, any suggestion of iodine should be discontinued. If, after the use of iodide no improvement results, and on the contrary disturbing symptoms appear, it is well to classify the case as surgical, before exophthalmia or other serious results supervene. But even an exophthalmic case should be treated non-surgically for a reasonable time, until it is demonstrated that it is not amenable to medical treatment.

One of the most unpardonable sins in the modern practice of medicine, to be compared, perhaps, to the treatment of acute osteomyelitis as rheumatism, is the treatment of exophthalmic goitre with thyroid extract, with perhaps the still further adding of fuel to the flame by administering iodine in any form. It is, perhaps, always better to know what *not* to give than to have a wide smattering of many remedies, with a strenuous tendency to administer them all. This would apply especially to the treatment of exophthalmic goitre; for, while the administration of thyroid extract or iodine in this disease will do great harm, the administration of remedies that are recognized as beneficial are of doubtful value in the aggregate, even though they accomplish good in selected cases; therefore, I repeat, it is better no treatment at all than a floundering one, which

would permit the use of objectionable remedies, while Graves' disease is perhaps impending, though exophthalmos and tachycardia be not yet present.

In the treatment of exophthalmic goitre, while all are agreed that thyroid extract and iodine are to be avoided, there is no such harmony of opinion as to the value of the various remedies used. However, few will deny that belladonna is of service; that hydrobromate of quinine is beneficial, and that strychnia is at times valuable, while codeia is the least objectionable opiate. The X-ray has a marked effect in many cases, and should always be given a trial. Whether its action is by stimulating the growth of connective tissue, thus producing some stenosing effect on the lymphatics, or by some physio-chemic action on the colloid secretion, is a question, but the clinical fact, I believe, remains, that it is markedly beneficial in some cases.

Much is now being claimed for serum therapy in the treatment of exophthalmic goitre, and there is no doubt that beneficial results are being obtained in many cases, and an effort should perhaps be made along these lines, if there is not urgent demand for surgical relief, before resorting to operation.

I cannot speak from experience of the specific sera that are being used, but during the discussions in the A. M. A. recently I noted that they had strong adherents. Halstead, who is a consistent advocate of excision of thyroid in Graves' disease, made the

bold statement at this meeting, that Rogers' serum, or one of its kind will be very generally resorted to in future, in exophthalmic goitre. This serum is prepared from excised human thyroids, by extracting the nucleoproteids, and globulins. A diet of the milk of thyroidectomized goats was well spoken of by some, and from a theoretical point, and the clinical results reported, it seems worthy of trial.

#### ANÆSTHETIC.

There is a difference of opinion among different operators as to the choice of anesthetic in thyroidectomy. Mayo prefers ether, by the drop method, preceded by the administration of morphia and atropia, while Kocher, Miculicz, and many others of special experience in this work prefer local anesthesia. I have done seventeen of these operations, all of which but four were under local anesthetic. I use the Schleich solution, which is a weak solution of cocain, which can be sterilized by boiling without deteriorating the drug, preceding it with a morphia and atropia injection,  $\frac{1}{4}$  of the former and 1-100 of the latter as recommended by Chas. Mayo; then, by going over the line of the incision with an application of carbolic, followed by alcohol, the surface is benumbed, so that the solution can be thrown across the entire line of incision with a long needle, producing an infiltration which is very satisfactorily anesthetic. In the deeper portion of the incision the infiltration may be repeated if necessary. This does not cause the engorgement which

general anesthesia does, and avoids the danger of asphyxia, and permits the patient to phonate at any time at the request of the operator, which is a great satisfaction when ligating a bleeding area in the region of the recurrent laryngeal nerve.

#### OPERATION.

The collar incision of Kocher is the preferable one, for from it may be gotten better exposure, and much less deformity. The cut may be made in the wrinkle of the neck, going directly through the subcutaneous tissue and the platysma. The length of the incision is planned according to the size of the tumor, extending, if necessary, from the posterior surface of one sternomastoid to the other. If but one lobe is to be removed, it need not be carried farther than the median line. The sterno-thyroid and hyoid muscles are well retracted, and if necessary cut off; if necessary to do this, it should be done well above the line of incision so as to interfere less with the nerve supply and to avoid depression of the scar. At this stage of the operation a plexus of thin-walled veins will be encountered, which should be carefully cut between double ligatures. This precaution is necessary, not so much to save blood as to avoid the danger of air embolism, and sudden death. It is a mistake to yield to the temptation to dive down after the affected lobe and deliver it onto the surface before the exposure is complete and the retraction ample. This should be secured at the expense of section of all necessary muscles. However, it is rarely necessary to entirely sever

the sternomastoid. Now is the time to elevate to the surface the upper pole of the lobe more affected. When this is elevated to the wound, the superior thyroid is cut between ligatures. Then the lower pole is elevated into the wound, the capsule reflected off by blunt dissection, and the inferior thyroid is tied close to the tumor. This is the most critical point in the operation, as the recurrent laryngeal nerve is in danger. When such men as Kocher, Mikulicz, Halstead and Mayo admits constant fear and occasional injury of this nerve, it is evident that the danger is real. However, when the ligating of this vessel is within the capsule it reduces the danger to the minimum, as it should be, and generally is out of sight, with the capsule intervening between it and the ligature. Here, I repeat, is where the local anesthetic is a comfort to the operator, and even a satisfaction to the patient, even though he experiences much discomfort. I know of nothing more satisfactory to one's ear than to have the patient respond with distinct phonation while tying off a suspicious area which might contain the nerve.

The raw area of cut gland should be swabbed with carbolic acid and alcohol, to aid in preventing the absorption of secretion.

The large incision is closed by subcuticular suture, the platysma being previously approximated with fine catgut to prevent dimpling of the wound. It is well too to use drainage through a stab wound in the suprasternal notch, thus giving more dependent

drainage and not interfering with the healing of the wound.

The use of the continuous rectal saline solution for two or three days after the operation, as recommended by Murphy serves a splendid purpose by keeping the lymphatics full, and thus preventing absorption of thyroid secretion.

I have had no more satisfactory results in any field of surgery than in my operations for goitre. The disability lasts but a few days and the results are highly pleasing to patient and operator. As this class of work seems to be quite generally shunned by the surgeon, it would seem a duty to call frequent attention to the desirability of operation, so that many more sufferers from these thyroid affections should be afforded relief.

We should be on guard in all our goitrous cases that are not considered severe enough to demand surgical treatment, for the appearance of hyperthyroidism, or Graves' disease, which stands conspicuously on a tripod of symptoms—tachycardia, exophthalmus and thyroid hypertrophy, but one or two of these classic symptoms may not be at all times apparent. Such complicating symptoms as emaciation, anemia, vomiting, throbbing arteries, depression, temperature, headache and general neurasthenic disturbances, should not obscure the above mentioned triune symptom complex of Graves' disease.

If the diagnosis is made early treatment will cure the majority of these cases of hyperthyroidism, which otherwise might run a fatal course. The

cases which will not submit to rest, diet, hygiene and medication, with X-ray or serum therapy as a final effort, should be submitted to operation before too far advanced. All cases of exophthalmic goitre should be considered surgical that have resisted a well applied course of treatment, except the very small percentage of cases that will be considered inoperable because of heart contraindications.

In operating in any class of goitrous cases it is well to avoid removing what are sometimes considered enlarged lymphatic glands, but which in reality may be parathyroids. The statistics show that tetany is much more common after thyroidectomies in which these glands have been removed. They may become very valuable, too, should it become necessary to entirely remove the thyroid gland at a future operation.—*Medical Sentinel*.

#### ELECTROLYSIS AND THE NERVOUS SYSTEM.

In discussing the efficiency of electricity in combatting the general wear and tear of the system resulting from both physical and mental strain, Sir Jas. A. Grant, *Med. Rec.*, says that blood can actually be made by electricity, by stimulating through the abdominal walls the ganglia that take part in the process of blood formation.

In no part of the human system are the irregularities of life more marked than in the alimentary canal, where the defenses of the organism permit the ingress of the bacterial toxins. In this tract the blood making process

becomes interrupted through the non-elimination of normal nerve power. Under such circumstances the perfectly stable nervous system is a rarity. Here particularly electrolysis becomes an important factor, giving new life and activity by establishing beyond doubt an average neuropsychic equilibrium.

So also in intestinal trouble, the gas generated in the dilated colon, the outcome of imperfect assimilation, reflects a poisonous influence on the alimentary ganglia of the nervous system. About this attractive region takes place the mysterious conversion of vegetable and other food products into the blood. The nervous system plays an important part in this remarkable chemical transformation, histogenetic in character. This entire process is subject to defeat by surrounding abnormal conditions. A gradually debilitated state of the system frequently follows, marked by moderate oedema of the extremities entirely outside of cardiac, hepatic, or renal complications. Under such circumstances the local application of electricity to the abdominal walls brings about gradually a decided change for the better, the result of restored energy to the ganglionic centers, marked by subsidence of the dilated colon and the gradual and complete disappearance of serosity in the legs, owing to increased activity of the absorbents.—*The Dietetic and Hygienic Gazette*.

The great door of opportunity usually swings on hinges called trifles.—*The Medical Mirror*.

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**Editorial.****GET INTO POLITICS.**

As a rule the political doctor is not considered the ideal physician. The doctor, however, has as much right to be represented in the legislative councils as any other citizen. All interests should have representation; interests not represented receive scant attention.

There are many things upon which the doctor is more capable of passing judgment than those outside the profession. Hygienic and sanitary matters should be special subjects upon which he should be an authority. There are other matters concerning his immediate profession in which he should have a prevailing voice.

Take our last medical law in this State. Does any one for a moment believe that if it was left to the vote of the physicians of the State they would agree to license any one to practice medicine and surgery without requiring applicants to have a knowledge of materia medica, practice of medicine or surgery. Not required to know anything of the very essence of the practice of a profession is an absurdity. We need more physicians in our legislatures. We need men who

understand their own wants, the wants of the public in sanitary matters, and the wants of our public hospitals.

The Eclectic school of medicine needs this, but it needs more—it needs sufficient political influence to compel recognition on State and city boards. It needs sufficient political influence to say to the Governor give us recognition on the State Board of Health and in State Institutions. It needs sufficient influence to say to Mayors of cities and county officials give us the proper representation in city and county boards of health, and city and county institutions.

Get into politics and make yourselves felt. Get into politics and prevent discriminating legislation.

**NEW BOARD OF HEALTH.**

At the last city election in November, a change was made in the membership of the board of health. A change was also made in the period of service, making the time seven years instead of four. It is a doubtful proposition that it is any improvement. It is doubtful that any mayor or any executive officer should have the power of appointing beyond his own term. It may be constitutional, but if is, it is not right.

Under the old law the board consisted of five physicians and two laymen. Under the present law it consists of three physicians and four laymen. The ostensible reason for changing the law was that physicians were not business men and there was

a necessity for business men on the board.

Has the mayor carried out the principle of the law in his present appointments? He has exchanged one teamster for another; one laundry man for an electrician; one doctor for a plumber, and another doctor for an attorney. Where is the improvement? It is a poor doctor that does not compare favorably in business ability and success with the four laymen appointed. We believe them all to be honorable gentlemen, but fail to see the special qualifications possessed by them as expert sanitarians, or remarkable business qualifications. The mayor failed.

Here are the members, all elegant gentlemen in their place, but their place may not be the Board of Health.

John Patrick McLaughlin	one year.
Dr. William Ophuls	two years.
W. F. Wilson	three years
Edward D. Bullard	four years
Curtis Hillyer	five years
Dr. T. W. Huntington	six years
Dr. Guy E. Manning	seven years

#### PHYSICIAN'S ATTENTION.

Drug stores and drug store positions anywhere desired in U. S., Canada or Mexico. F. V. Kniest, Omaha, Nebraska.

The Board of Supervisors have reduced the monthly appropriations for sanitation, and the bubonic plague is now under observation.

Dr. Jones of Medford, Oregon, made

a pleasant call on his return from a trip to Denver, Colorado.

Dr. N. B. Hascall of Fallon, Nev., has been visiting relations in San Jose.

Dr. Albert J. Atkins, of this city, who has distinguished himself as a physio-electrical experimenter and discoverer of the principle of life, and Miss Louise Ames, a belle of Ukiah, were married on the 29th ult. May the association produce sufficient luminosity to light their path through life, but not voltage to destroy conjugal ties or mar their happy expectations.

#### Skin Eruptions Produced by Bromides and Iodides.

The writer observes that there are many forms of cutaneous eruptions produced by the bromides and iodides when taken internally. The severe cases resulting from iodides usually occur in those who suffer with kidney disease, with or without heart disease, and with whom elimination is defective. The severe bromide eruptions are usually in young children or in infants. Both the bromide and the iodide eruptions may follow small doses of the drugs administered for brief periods, and they may get worse after the drugs have been omitted. The limitation of the eruption to exposed areas of the body in iodide eruptions suggests that the exposure has something to do with the eruption. Three possible causative factors are diminished resistance or increased susceptibility of the skin to iodine, parasitic micro-organisms, and the chemical irritation of light rays.—*New England Medical Monthly.*

### Influence of the Maternal Health on the Child in Utero.

J. W. Ballantyne (*J. A. M. A.*, April 27, '07) finds that there are three epochs in a child's life during which the mother's influence is supreme—the antenatal, the lactational and the post-lactational. The extent and character of the antenatal influence (to which he devotes his important paper) are to a large degree unrecognized by medical men. He does not affirm that the maternal psychism has no influence on the embryo; but he regrets that physicians have been led away from the plain facts and ascertainable phenomena of the transcendental transmission of maladies, predispositions and immunities to considering such a will-o'-the-wisp as the effect of the mother's imagination. With regard to the physiological relationship; the fetal and maternal blood do not mix, unless, perhaps, a hemorrhage into the placenta takes place; but there is passage of fluid gases and even solid. This is transplacental interchange. Poisons, toxins, microbes and agglutinins may pass over from the one organism to the other. Why in one case these exceptional substances are thus transmitted and not in another, we do not know; the explanation probably lies in placental hemorrhage and a breaking down of the tissues intervening between the two bloods. Is there any route by which materials may pass from the mother to the fetus or inversely? Possibly in some instances at least there may be a circulation of the liquor amnii, so that substances may pass in this way.

We must never forget that the placenta is one of the fetal organs and a very vital one; and when it is attacked or injured the results of the unborn infant are very serious. Ballantyne concludes that all diseased conditions in the pregnant mother, whether due to microbes, toxic agencies or diatheses, are dangerous to the embryo. The fact that the embryo sometimes, perhaps, often, escapes is no doubt largely due to the protective influence of the placenta. The pathogenic influence may either force its way through the placental barrier and so contaminate the fetus, or it may cause death of the fetus by destroying the integrity of the placenta. The laws regulating placental interchanges have not yet been discovered. The great safeguard of the fetus against the mother's disease is a healthy placenta, which opposes the passage of toxic agencies and which is not liable to their attacks. Perhaps there are medicines which act as placental tonics; but we are not sure. Potassium chlorate and mercury may be of this nature, as may be also some of the organic extracts.—*The Medical Times*.

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TO REDUCE STRANGULATED HERNIA. First, relax with heat, position, chloroform or ether, then relieve the congested tumor of its contained blood by firm gentle compression, then press it into the abdomen with the same gentle means. If you are gentle in your management, and it takes you half an hour, you will do no harm; but having once begun your pressure, do not let up on it till you are done.—*Lancet-Clinic*.

**SULPHUR IN CHRONIC NASAL CATARRH.**—In the *Medical News*, Louis Kolipinski calls attention to the value of sulphur in chronic nasal catarrhs. The specialistic treatment of the chronic nasal catarrhs requires knowledge, skill and the required technic of practice, and must properly remain the domain of him who has fitted himself in the treatment of suitable and selected cases, yet when these are provided for, the multitude of milder, latent, indolent and apathetic subjects is left without relief, and as a remedy for common use he recommends sulphur. The best galenical precipitatum U. S. P. a light impalpable powder which by sufflation may be widely diffused through space. In treating the several forms of chronic nasal catarrh, it is his custom to have the patient seated with head erect, and the mouth open. The anterior nasal cavity is exposed with a speculum, the tip of the nose elevated, and the sulphur freely and thoroughly blown in with a strong powder blower. This has been properly done when the powder appears from the mouth and opposite nostril, and an irritative cough results. The treatment is repeated upon the other side. The posterior nasal space and nasopharynx may also be treated directly by way of the floor of the nose and fauces. These applications are made two or three times a week for a month and once a week for the next two months. The local sensations of the sulphur are not unpleasant. With this method a considerable number of cases have been cured, and the results seem uniform.

Success, of course, requires a suitable selection, those in which there is no other primary nasal disease, deflection, deformity or growth requiring surgical methods. The immediate effects of the sulphur are to check the purulent irritating nasal discharge, heal the excoriations, improve the patient's pale and languid looks, and stop the sniffing, sneezing, crust formation and odor. It is not adapted to acute nasal catarrh coryza.—*Cleveland Med. Jour.*

A fecal fistula may be made to heal more quickly by the application of the actual cautery.

**FRACTURES OF CARPAL BONES.**—Among fractures of the carpal bones the scaphoid is the one most liable to be involved. This injury is often overlooked on account of the absence of the ordinary signs of fracture, but should be suspected in the presence of localized pain, tenderness and swelling over the region of the bone.—*International Journal of Surgery.*

“The practitioner should know something of pharmacy and its application to medicine as practiced. He should know, for instance, that there is a natural salicylate of sodium, and an artificial one; and that the natural one costs about \$6.00 a pound, and the other about 50 cents, and that his patient will not get the six dollar variety unless he sees to it personally.”—*Medical Sentinel*, October, 1907.

Physicians can feel assured that when their patients take Tongaline they get the salicylate of sodium made from the natural oil of wintergreen.

## A USEFUL TONIC.

The season is now on us in which we find many patients suffering from coughs and colds. In many of these cases the general system is below par, and in order to hasten recovery from the catarrhal conditions of the air passages a general tonic is indicated. Cod liver oil is a century old remedy for coughs and where the stomach can handle it there exists no reason why it should not be employed, and in such cases the results are satisfactory. But in many of these sufferers digestion is enfeebled, the appetite is poor and cod liver oil is not well borne. Fortunately for patient and doctor, modern pharmacology has provided a preparation of this valuable agent which contains "all of the oil except the grease," to which has been added the hypophosphites, with glycerin and agreeable aromatics. It is not only wonderfully efficacious but pleasant to the taste and readily handled by the weakest stomach. We allude to the well known Hagee's Cordial of the Extract of Cod Liver Oil Comp. prepared by Katharmon Chemical Co., St. Louis, Mo.—*The Carolina Med. Journal*.

SOME OF THE INDICATIONS FOR SANMETTO ARE: Vesical irritation and atony; enuresis due to atony; incontinence of urine in children due to a weak bladder; dribbling of the urine in the aged, not due to paralysis or growths; urine expelled upon exertion, as coughing; cystitis; catarrhal discharges from bladder or genitalia of male or female; seminal emissions; prostatitis, enlarged prostate and pre-senility.

## Change of Scene and Proper Medication.

During the past two months, we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia & salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia & codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

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### Book Notes.

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This work of Dr. Stephens has been awaited by the Eclecticfraternity with a great deal of interest, and we may

say that it equals our expectations. It discusses the diseases of women from an entirely medical standpoint. Where the disease can only be relieved by surgical measures the author states the fact and dismisses the subject. The treatment is based upon the principles of specific medication. The first chapter is devoted to a resume of the remedies used in diseases of women and their indications, and in this form makes a convenient list for reference.

Altogether the conservative gynecologist will find the book of invaluable assistance in his work.

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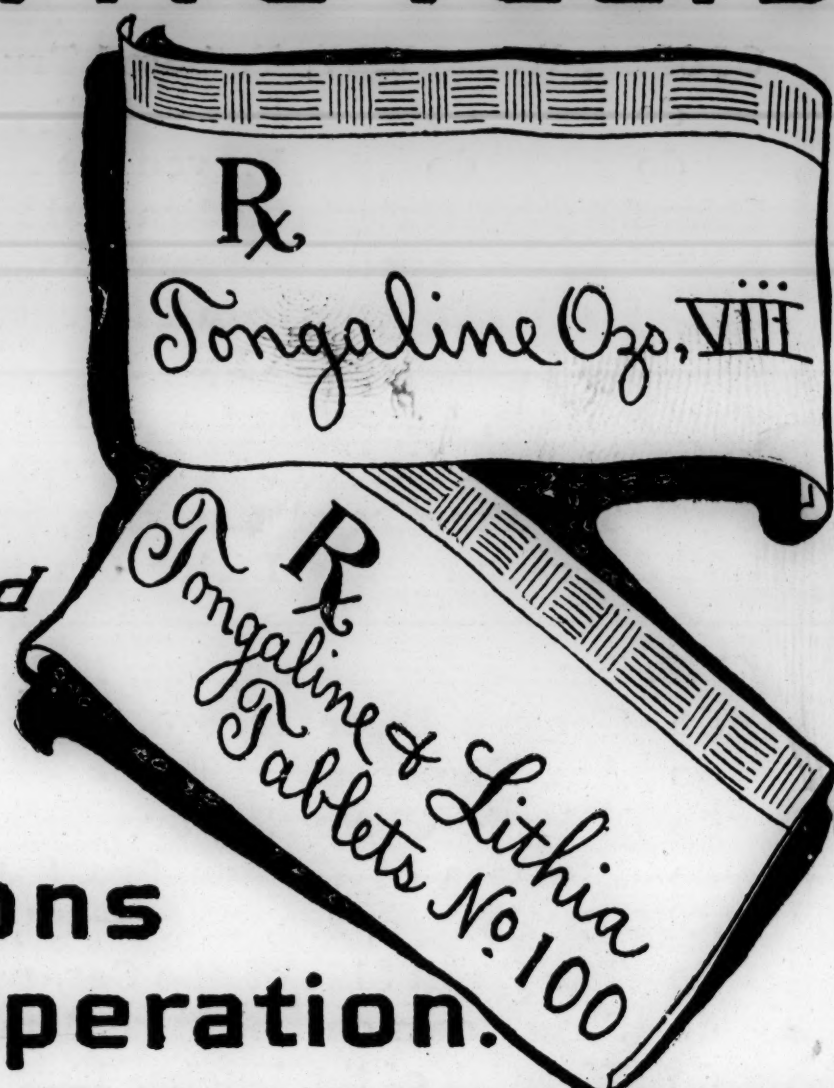
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